## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**QERERE** 

DOCUN 1. Corporation	MENT # 85656	5 (7)			
	ERHANDS CORPORATION	(,,			
				1 100101 10001 01100 01101 01100 0110	
Principal Place	of Business	Mailing Address			41 <del>4</del> 11 <b>419</b> 1 <b>4191 4161 4161 4161 6161 6161</b>
% W. J. VAUGHN 2007-9 SOUTH MELBOURNE COURT MELBOURNE FL 32301		% W. J. VAUGHN 2007-9 SOUTH MELBO MELBOURNE FL 32901	URNE COURT		
				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pla	ce of Business	2a. Mailing Address		05/26/1983 4. FEI Number	05/01/1995 Applied For
21		26		98-0063203	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Ζ <sub>I</sub> ρ	Country 25	Zip	Country	B. This corporation has liability for in	ntangible tax under s 199.032,
24]	9. Name and Address of Curren		30	Florida Statutes Yes  10, Name and Address of New R	<del></del>
			81 Name	ID, Name and Address of from the	Sharesen viterin
VAUGHN, W. J.			B2 Street Add	fress (P.O. Box Number is Not Acceptable	(0)
2007-9 S. MELBOURNE COURT				weds (	
	JRNE FL 32901		83		
			84 City		FI 85 Zip Code
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named corpo	oration submits this statement for the purp and of directors. I hereby accept the appo	
familiar with	n, and accept the obligations of, Secti	on 607.0505, Florida Statutes.	by the corporation's pos	ard or directors. I hereby accept the appo	intment as registered agent. I am
SIGNATURE					
12.	signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature require 13.	ed when reinstating! ADDITIONS/CHANGES TO OFFI	DATE
TIFLE	D OTT ICE AND	DELETE	1. 1 Title	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12  Change Addition
NAME	COSTILLERO, CECILIO A.	_	1.2 NAME		
STREET ADDRESS	BANK OF AMERICA BLDG.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA, R.P.		1.4 CITY - ST - ZIP		
THLE	S	☐ DELETE	2. 1 TITLE		Change Addition
NAM8	GALINDO, GABRIEL A.		2.2 NAME		
STREET ADDRESS	BANK OF AMERICA BLDG.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA, R.P.		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3. 1 TITLE		Change Addition
NAME	DURLING, ROY CARLOS		3.2 NAME		
STREET ADDRESS	BANK OF AMERICA BLDG.		3.3. STREET ADDRESS		
CITY-ST-ZIP TITLE	PANAMA, R.P	☐ DELETE	3.4 CITY-ST-ZIP		
NAME	V		4. 1 TITLE		☐ Change ☐ Addition
STREFT ADDRESS	KAUFMAN, EPHRAIM		4.2 NAME	<b>b</b>	
CITY-ST-ZIP	CALLE SOROCAIMA		4.3 STREET ADDRESS	<b>&gt;</b>	
TITLE	CARACAS, VENEZUELA	☐ DELETE	4.4 CITY - ST - ZIP 5. 1 TITLE		Change Addition
NAME		<b>_</b>	5.2 NAME		CT comings CT MODIFICE
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6. 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
C-TY-ST-ZIP			6.4 CITY - ST - ZIP		
<ol><li>14. I do hereby</li></ol>	certify that the information supplied v	vith this filing is voluntarily furnisl	ned and does not qualify	for the exemption stated in Section 119.0	07(3)(k), Florida Statutes, I further

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address. EPHRIM KOUPHAN DAIS 22. 1996
Destine Phone :

SIGNATURE: